

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**In re Application of :**

James S. Koford et. al.

**Serial No. :** 10/015,194

**Filed :** November 20, 2001

**For :** Method and Apparatus For  
Implementing A Metamethodology

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**Group Art Unit : 2184**

**Examiner :**

**Atty Docket :** / 01-390

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**Connie Del Castillo**

6/30/03 Connor del Castillo

Date \_\_\_\_\_

**Signature**

## INFORMATION DISCLOSURE STATEMENT

**Commissioner for Patents**  
**P. O. Box 1450**  
**Alexandria, VA 22313-1450**

Dear Sir:

The references listed in the attached form, copies of which are attached, may be material to examination of above-identified application. Applicants submit these references in compliance with their duty of disclosure pursuant to 37 CFR 1.56 and 1.97.

It is requested that the information disclosed herein be made of record in the application.

This Information Disclosure Statement is not to be construed as a representation that a search has been made, that additional information material to the examination of this application does not exist, or that these references indeed constitute prior art.

If it is determined that any additional fees are due, the Commissioner is hereby authorized to charge such fees to Deposit Account 12-2252.

LSI Logic Corporation  
1551 McCarthy Blvd., MS D-106  
Milpitas, CA 95035  
408-433-7475

Date:

6/30/03

Respectfully submitted,

*Handwritten signature*

Leo Peters

Reg. No. 33,562

# Official

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PTO/SB/08A (10-96)

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| <b>INFORMATION DISCLOSURE<br/>STATEMENT BY APPLICANT</b> |   |    |   | <i>Complete If Known</i> |                   |
|                                                          |   |    |   | Application Number       | 10/015,194        |
|                                                          |   |    |   | Filing Date              | November-20, 2001 |
|                                                          |   |    |   | First Named Inventor     | James S. Koford   |
|                                                          |   |    |   | Group Art Unit           | 2184              |
|                                                          |   |    |   | Examiner Name            |                   |
| Sheet                                                    | 1 | of | 1 | Attorney Docket No.      | /01-390           |

| U.S. PATENT DOCUMENTS |             |                      |                         |                                                    |                                                        |                                                                                 |
|-----------------------|-------------|----------------------|-------------------------|----------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------|
| Examiner<br>Initials  | Cite<br>No. | U.S. Patent Document |                         | Name of Patentee or<br>Applicant of Cited Document | Date of Publication<br>of Cited Document<br>MM-DD-YYYY | Pages, Columns, Lines,<br>Where Relevant Passages<br>or Relevant Figures Appear |
|                       |             | Number               | Kind Code<br>(If known) |                                                    |                                                        |                                                                                 |
|                       |             | 5,553,002            |                         | Dangelo et al.                                     | 09-03-1996                                             |                                                                                 |

|                       |  |                    |  |
|-----------------------|--|--------------------|--|
| Examiner<br>signature |  | Date<br>c n id red |  |
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LSI LOGIC

LSI Logic Corporation  
Intellectual Property  
Corporate Legal Department  
MS D-106  
1551 McCarthy Blvd.  
Milpitas, CA 95035

**Facsimile Transmittal Letter**Date June 30, 2003Number of pages including cover sheet 4**To: US PTO, Mail Stop IDS****TC 2184**Fax No. **703-746-7239**

Phone No.

CC:

**From: Connie del Castillo****Intellectual Property Paralegal**Telephone No. **(408) 433-7191**Fax No. **(408) 433-7460****REMARKS:**☐ Urgent☐ For your review☒ Reply ASAP☐ Please comment

Application Number: 10/015,194  
Filing date: November 20, 2001  
First named inventor: James S. Koford et al.  
Attorney docket number: 01-390

Transmitted herewith for filing via facsimile:

- Transmittal Form PTO/SB/21
- Information Disclosure Statement (letter)
- Information Disclosure Statement by Applicant PTO/SB/O8A

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Connie del Castillo

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| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing)                                                                                                                                       | Application Number                                                                   | 10/015,194                                                                                 |                                                                   |
|                                                                                                                                                                                                                           | Filing Date                                                                          | November-20, 2001                                                                          |                                                                   |
|                                                                                                                                                                                                                           | First Named Inventor                                                                 | James S. Koford                                                                            |                                                                   |
|                                                                                                                                                                                                                           | Group Art Unit                                                                       | 2184                                                                                       |                                                                   |
|                                                                                                                                                                                                                           | Examiner Name                                                                        |                                                                                            |                                                                   |
| Total number of pages in this submission                                                                                                                                                                                  | 3                                                                                    | Attorney Docket Number                                                                     | 01-390                                                            |
| <b>ENCLOSURES (check all that apply)</b>                                                                                                                                                                                  |                                                                                      |                                                                                            |                                                                   |
| <input type="checkbox"/> Fee Transmittal Form                                                                                                                                                                             | <input type="checkbox"/> Assignment Papers                                           | <input type="checkbox"/> After Allowance Communication to Group                            | <b>1. Return address postcard for PTO mailroom to date stamp.</b> |
| <input type="checkbox"/> Fee Attached                                                                                                                                                                                     | <input type="checkbox"/> Drawing(s)                                                  | <input type="checkbox"/> Appeal Communication to Board of Appeals and                      |                                                                   |
| <input type="checkbox"/> Amendment/Response                                                                                                                                                                               | <input type="checkbox"/> Licensing-related Paper                                     | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |                                                                   |
| <input type="checkbox"/> After Final                                                                                                                                                                                      | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition | <input type="checkbox"/> Proprietary Information                                           |                                                                   |
| <input type="checkbox"/> Affidavits(s)/declaration(s)                                                                                                                                                                     | <input type="checkbox"/> To Convert a Provisional Application                        | <input type="checkbox"/> Status Letter                                                     |                                                                   |
| <input type="checkbox"/> Extension of time request                                                                                                                                                                        | <input type="checkbox"/> Power of Attorney, Change of Correspondence Address         | <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):       |                                                                   |
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| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53                                                                                                                                              |                                                                                      |                                                                                            |                                                                   |
| <b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>                                                                                                                                                                         |                                                                                      |                                                                                            |                                                                   |
| Individual Name                                                                                                                                                                                                           | Leo Peters, Reg. No. 33,562, Phone: [+1] 408-433-7191                                |                                                                                            |                                                                   |
| Signature                                                                                                                                                                                                                 |                                                                                      |                                                                                            |                                                                   |
| Date                                                                                                                                                                                                                      | 6/30/03                                                                              |                                                                                            |                                                                   |
| <b>CERTIFICATE OF MAILING</b>                                                                                                                                                                                             |                                                                                      |                                                                                            |                                                                   |
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| Typed or printed name                                                                                                                                                                                                     | Connie Del Castillo, Phone: [+1] 408-433-7191                                        |                                                                                            |                                                                   |
| Signature                                                                                                                                                                                                                 |                                                                                      | Date                                                                                       | 6/30/03                                                           |

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